

HEALTH
A. SUTHER
OR. 28

ULVERSTON
RURAL DISTRICT COUNCIL

ANNUAL
REPORT

OF THE
MEDICAL OFFICER
OF HEALTH

For the Year 1948

Annual Report of the
Medical Officer of Health
for the Year 1948.

To the Chairman and Members of the Rural District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report of the Medical Officer of Health for the year 1948.

GENERAL STATISTICS.

Area (in acres)	127,485
Population	17,130
Number of inhabited houses (at 1/4/1948)...	5,149
Rateable Value (at 31/12/1948)...	£78,288
Amount produced by a Penny Rate (Year 1947-1948)	£323 10 11

VITAL STATISTICS.

BIRTHS.

Two hundred and sixty-nine births, 129 male and 140 female, were registered during the year. The birth rate of 16.4 per 1,000 compared with a birth rate of 16.9 per 1,000 in 1947. Thirteen of the births were of illegitimate children.

STILLBIRTHS.

Twelve children were stillborn during the year, giving a stillbirth rate of 40 per 1,000 total births.

DEATHS.

Two hundred and eighteen deaths, 113 male and 105 female, were registered during the year. The death rate at 12.7 per 1,000 compared with a death rate of 14.3 per 1,000 in 1947.

INFANTILE MORTALITY.

Five deaths of infants under one year of age occurred. The sex, age and causes of death were :—

Male	1 month	Enteritis, post-operation for pyloric stenosis.
Female	3 weeks	Accidentally asphyxiated.
Female	2 hours	Premature birth.
Male	1 day	Premature birth.
Male	1 hour	Prematurity.

DEATHS FROM DIARRHOEA AND ENTERITIS UNDER TWO YEARS OF AGE :—One.

MATERNAL MORTALITY.—Nil.

CAUSES OF DEATH.

The table below shows the causes of death of Rural District Residents in 1948.

CAUSES OF DEATH.					MALE.	FEMALE.	TOTAL.
1.	Typhoid and Para-Typhoid fever...				—	—	—
2.	Measles	...	...	...	—	1	1
3.	Scarlet Fever				—	—	—
4.	Whooping Cough				—	—	—
5.	Diphtheria				—	—	—
6.	Influenza				—	1	1
7.	Encephalitis lethargica				—	—	—
8.	Cerebro-spinal fever				—	—	—
9.	Tuberculosis of respiratory system				3	1	4
10.	Other tuberculosis diseases ...				—	1	1
11.	Syphilis				—	—	—
12.	General Paralysis of the Insane ...				—	—	—
13.	Cancer, malignant disease... ..				21	16	37
14.	Diabetes				—	1	1
15.	Cerebral haemorrhage				13	13	26
16.	Heart disease				32	38	70
17.	Aneurysm				—	—	—
18.	Other circulatory diseases... ..				1	—	1
19.	Bronchitis				4	5	9
20.	Pneumonia (all forms)				1	2	3
21.	Other respiratory diseases... ..				—	—	—
22.	Peptic ulcer... ..				1	—	1
23.	Diarrhoea (under 2 years of age) ...				1	—	1
	Diarrhoea (over 2 years of age) ...				—	—	—
24.	Appendicitis				1	—	1
25.	Cirrhosis of liver				—	—	—
26.	Other diseases of liver				—	—	—
27.	Other digestive diseases				1	—	1
28.	Acute and chronic nephritis				3	3	6
29.	Puerperal sepsis				—	—	—
30.	Other puerperal causes				—	—	—
31.	Congenital debility, premature birth				2	1	3
32.	Senility				12	8	20
33.	Suicide				2	1	3
34.	Other violence				3	5	8
35.	Other defined diseases				12	8	20
36.	Causes ill-defined or unknown ...				—	—	—
					113	105	218

The chief causes of death of Rural District Residents as shown by the above table were :—Heart disease 70, Cancer 37, and Cerebral Arterial Diseases 27.

CANCER.

Brief particulars of the 37 deaths from Cancer are given below :—

Site	Male.	Female.	Total.
Stomach	4	6	10
Rectum	3	2	5
Lung	4	0	4
Prostate	3	0	3
Breast	0	3	3
Colon	2	0	2
Other Sites, single cases	5	5	10
	—	—	—
	21	16	37
	—	—	—

The table below shows comparison between birth and death rates in England and Wales, 148 smaller towns and this district.

Year	England and Wales		148 Smaller Towns. 25—50,000 population		Ulverston Rural District.	
	Births	Deaths	Births.	Deaths.	Births.	Deaths.
1944...	17.6	11.6	20.9	12.4	17.8	13.9
1945...	16.1	11.4	19.2	12.3	16.1	11.3
1946...	19.1	11.5	21.3	11.7	16.6	13.6
1947...	20.5	12.0	22.2	11.9	16.9	14.3
1948...	17.9	10.8	19.2	10.7	16.4	12.7

The birth rate remained lower and the death rate higher than in the country generally.

The age distribution of deaths in 1948 is shown below :—

—1	1—	5—	10—	15—	20—	30—	40—	50—	60—	65—	70—	75—	80—	85—	90—	Total
5	3	—	2	3	4	6	9	24	12	27	35	37	29	18	4	218
68.8 per cent of deaths were in persons of 65 and over.																

GENERAL PROVISION OF HEALTH SERVICES.

PERSONNEL.

Medical Officer of Health :—A. Dodd, M.D., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H.

Other Appointments held :—Medical Officer of Health—Ulverston
Combined Sanitary District.

Medical Officer—Ulverston Joint Hospital
Board (to 4th July, 1948).

Divisional Medical Officer—Health Divi-
sion No. 1, Lancashire County Council
(from 5th July, 1948).

Senior Sanitary Inspector :—H. C. Claydon, Certificate—Royal Sanitary Institute. Certificate — Royal Sanitary Institute—Meat and Other Foods.

Sanitary Inspector :— A. J. Birkett, Certificate—Royal Sanitary Institute.
(to 31st January, 1948)

Sanitary Inspector :— H. E. Bingham, Certificate—Royal Sanitary Institute. Certificate — Royal Sanitary Institute — Meat and Other Foods.
(from 12th April, 1948)

HOSPITAL SERVICES.

Under Part 2 of the National Health Services Act, 1946, which came into operation on 5th July, 1948, all General, Municipal, Infectious Diseases and Special Hospitals were transferred to the administration of Regional Hospital Boards.

Thus the Cottage Hospital, Ulverston (renamed the Ulverston Hospital by the Regional Board) and the major portion of the Institution and Hospital (renamed Stanley Hospital) along with the Oubas House Maternity Home, Ulverston, passed to the administration of the Barrow and District Hospital Management Committee for the Manchester and Regional Hospital Board on the 5th July, 1948.

High Carley Isolation Hospital, administered by the Ulverston Joint Hospital Board (of which the Ulverston Rural District Council was a constituent member) also passed to the Regional Hospital Board under the Act, although the Ulverston Urban District Council continued to administer the Fever Hospital under an agency agreement during the year.

AMBULANCE SERVICE.

It became the duty, on the 5th July, 1948, of the Lancashire County Council to provide an ambulance service in the Ulverston District. On the 5th July, the County Council took over the ambulance service previously administered by the Ulverston Joint Ambulance Committee, of which the Ulverston Rural District Council was a constituent member. Infectious disease cases continued to be conveyed by the ambulance stationed at High Carley Isolation Hospital during the year.

LABORATORY FACILITIES.

Bacteriological examinations are carried out at the hospital laboratory of the Barrow and Furness Hospital Management Committee situated at High Carley Sanatorium, assisted, if necessary, by the Public Health Laboratory at Liverpool. Chemical analyses, as required, are sent to the City Laboratories, Liverpool.

MATERNITY AND CHILD WELFARE, SCHOOL MEDICAL, DENTAL AND HEALTH VISITING SERVICES, ULVERSTON COMBINED SANITARY DISTRICT.

These services are provided by the Lancashire County Council. Routine child welfare clinics, minor ailment clinics, dental clinics and school medical and dental inspections are undertaken by Assistant County Medical and Dental Officers with health visitors and school nurses. The ophthalmic surgeon, obstetrician and orthopaedic specialist attend the appropriate eye, ante-natal and post-natal and orthopaedic clinics at Ulverston and Dalton-in-Furness. In addition, the obstetrician visits the Grange Clinic fortnightly.

The times and places where the County Council Clinics are held are shown below :—

CONISTON—Church Rooms, Yewdale Road :

First Friday each month, p.m., Child Welfare Centre.

KIRKBY—Beckside School :

Third Friday each month, p.m., Child Welfare Centre.

GRAYTHWAITE—Hazelseat :

First Wednesday each month, p.m., Child Welfare Centre.

HAWKSHEAD—Town Hall :

Last Wednesday each month, p.m., Child Welfare Centre.

GRANGE—Congregational Sunday School, Kents Bank Road :

Second and Fourth Friday each month, a.m., Ante-Natal Clinic.

Tuesday fortnightly, p.m., Child Welfare Centre.

DALTON—Dowdales Clinic :

Monday a.m. Nil.

p.m. Immunisation : First Monday each month, 2 p.m.

Tuesday a.m. Minor Ailments Redressing Clinic.

p.m. Nil.

Wednesday a.m. Ophthalmic Clinic.

p.m. Ante-Natal Clinic.

Thursday a.m. Minor Ailments and Inspection Clinic.

p.m. Child Welfare Clinic.

Friday a.m. Nil.

p.m. Nil.

ULVERSTON—Brogden Street :

Monday	a.m.	Minor Ailments Redressing Clinic. Dental Clinic.
	p.m.	Ante-Natal Clinic. Dental Clinic.
Tuesday	a.m.	Orthopaedic Clinic. Dental Clinic.
	p.m.	Dental Clinic. Orthopaedic Clinic (every two months).
Wednesday	a.m.	Minor Ailments and Inspection Clinic.
	p.m.	Child Welfare Centre.
Thursday	a.m.	Ophthalmic Clinic. Dental Clinic.
	p.m.	Dental Clinic.
Friday	a.m.	Dental Clinic.
	p.m.	Immunisation : First Friday each month, 2 p.m. Dental Clinic.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLIES.

Details of the water supplies in the Rural District are to be found in the Annual Reports of the Medical Officers of Health for the years 1943, 1944, 1946 and 1947.

The following are the main developments which took place during 1948 along with some figures regarding the position at the end of the year.

COMPREHENSIVE SCHEME OF WATER SUPPLY FOR THE FURNESS AREA.

In September, 1946, Messrs. Edward Sandemann, Kennard and Partners, Chartered Civil Engineers, presented a report on a Comprehensive Scheme of Water Supply for the Furness Area to the Lancashire County Council. The schemes of the Rural District Council which were in progress were developed taking into consideration the possibility that this scheme might be adopted and the amendment of the schemes necessarily increased their costs. In May, the Council resolved that the County Council be advised that unless the Comprehensive Scheme would be likely to be carried out at an early date, and at a reasonable cost, the Council preferred to carry out its own schemes of water supply. At a meeting of the Technical Sub-Committee, held in Barrow, on the 20th September, the Water Engineer also expressed this view to the Sub-Committee.

LAKESIDE WATER SUPPLY SCHEME.

On the 16th July, an inquiry was held by a Ministry of Health Inspector into this scheme, and he suggested that the Council should obtain evidence both oral and documentary to support the scheme and also to attempt to reduce the cost of the supply. The Medical Officer of Health submitted a report to the Council on the present water supplies to the villages and districts concerned, and in December, the Engineer was asked to prepare a detailed scheme of water supply for Finsthwaite, Lakeside, and Newby Bridge at an estimated cost of £13,519 10s. for submission to the Ministry of Health.

OUTGATE WATER SUPPLY SCHEME.

In February, the Ministry of Health suggested that the storage tank be reduced in size by 30,000 gallons and that other economies be effected. After some correspondence in April, the Council agreed to the Ministry's suggestions, and, in June, tenders were received and forwarded to the Ministry with a request for permission to borrow £8,000 for the purposes of the scheme. Consent for borrowing this money was obtained in October.

SKELWITH WATER SUPPLY SCHEME.

A Ministry of Health Inspector held an inquiry into this Scheme on the 15th July, 1948. In September, the Ministry of Health intimated that the need for the scheme was insufficient to justify the high cost, and that the Minister of Health was unable to authorise the execution of the scheme.

FOXFIELD WATER SUPPLY SCHEME.

In January, the Council decided to seek approval for the borrowing of £4,520 for the purposes of the Scheme, and in March, agreed to a request of the County Architect that the water main be extended 520 yards at the expense of the County Council.

Plans showing the hydraulic gradients of the mains and a house-to-house survey of the present water supplies to the properties to be served, were submitted to the Ministry of Health in November.

LOW FURNESS WATER SUPPLY SCHEME.

In October, the laying of the main from Redmayne Hall to Stainton was completed and the main from Stainton to Stainton Head was completed in November.

BROUGHTON-IN-FURNESS WATER SUPPLY SCHEME.

In February, the Ministry of Health was advised of the Council's negotiations and application was made for the borrowing of £1,600 for the purchase of the undertaking. The Ministry asked for detailed plans of the undertaking. These were in preparation but were not submitted at the end of the year.

The following table shows the number of dwelling-houses and numbers of the population supplied with water from public mains and from private sources in the parishes of the Rural District at the end of 1948 :—

TOWNSHIPS.	, From Public Mains.				From Private Wells and Springs, etc.	
	Direct to houses.		By means of stand-pipes.			
	No. of dwelling-houses.	No. of population.	No. of dwelling-houses.	No. of population.	No. of dwelling-houses.	No. of population.
Aldingham	263	891	—	—	5	18
Allithwaite Lower ...	423	1133	—	—	2	5
Allithwaite Upper ...	210	715	—	—	10	36
Angerton	—	—	—	—	5	23
Blawith	—	—	—	—	37	117
Broughton East ...	27	103	—	—	25	109
Broughton West ...	262	820	—	—	39	137
Cartmel Fell	18	58	—	—	96	260
Claife... ..	142	380	—	—	31	119
Colton	16	71	—	—	301	1053
Coniston	234	677	32	88	43	165
Dunnerdale, etc. ...	—	—	—	—	61	190
Egton-with-Newland	110	324	—	—	162	556
Haverthwaite	191	550	—	—	54	266
Hawkshead	173	449	—	—	19	81
Holker Lower	396	1305	—	—	46	183
Holker Upper	8	38	—	—	40	179
Kirkby Ireleth	366	1160	—	—	41	197
Lowick	32	109	—	—	44	171
Mansriggs... ..	1	5	—	—	10	50
Osmotherley	39	66	—	—	46	246
Pennington	333	1397	—	—	8	33
					Private	Main
Satterthwaite	—	—	—	—	106	356
Skelwith	—	—	—	—	91	254
Staveley	119	316	—	—	5	18
Subberthwaite	9	30	—	—	15	47
Torver	—	—	—	—	60	196
Urswick	355	1070	—	—	5	19

DRAINAGE AND SEWERAGE.

Particulars of existing methods of disposal of sewage in the various townships of the Rural District are given below:—

TOWNSHIP.	VILLAGE.	METHOD OF DISPOSAL.
Aldingham ...	...Leece ...	...Sewage tank and land irrigation.
	Gleaston ...	...Sewage tank.
	Scales ...	...Two Sewage tanks with overflows to land.
Allithwaite Lower	Baycliffe ...	...Sewage tank with outfall to sea.
	Allithwaite ...	...Sewage disposal works with tanks and filters—outfall to sea.
	Cartmel ...	...Sewage disposal works with tanks and filters—outfall to River Eea.
Allithwaite Upper	Lindale ...	...Sewage disposal works with tanks and filters—outfall to River Winster.
	Newton ...	...Sewage disposal works with tanks and filters—outfall to stream.
Broughton East ...	Field Broughton...	Sewage tank.
Broughton West...	Broughton-in-Furness	Sewage tank with overflow to the tidal waters of the River Duddon.
Claife ...	Foxfield ...	...Tidal waters of the River Duddon.
	...Near Sawrey	...Sewage tanks.
	Far Sawrey...	...Two sewage tanks with overflow to stream.
	Colthouse ...	...Sewage tank with overflow to stream.
Colton ...	...Bouth ...	...Sewage tank with overflow to stream.
Coniston ...	Oxenpark ...	...Sewage tank with overflow to land.
	...Coniston ...	...Five large sewage tanks with overflow to stream.
Egton ...	...Greenodd ...	...Tidal waters of Morecambe Bay.
	Pennybridge	...Sewage tank.
Haverthwaite	...Haverthwaite	...Sewage tank with overflow to river.
	Backbarrow...	...Sewage tank with overflow to River Leven.
Hawkshead...	...Hawkshead ...	...Sewage tank with outfall to stream.
	Outgate ...	...Two sewage tanks with outfall to land and stream.
	Hannakin ...	...Sewage tank with outfall to stream.

Holker Lower	...Cark ...	...Sewage tank with outfall to sea.
	Ravenstown	...Sewage tank and filters.
	Flookburgh...	...Pumping plant discharging sewage to enlarged works at Ravens- town with outfall to sea.
Kirkby Ireleth	...Sandside ...	...Tidal waters of River Duddon.
	Beckside ...	...Sewage tank with outfall to stream.
	Chapples ...	...Sewage tank with outfall to stream.
Lowick	...Soutergate ...	...Sewage tank with outfall to sea.
	...Lowick Green	...Sewage tank with outfall to River Crake.
Osmotherley	...Beehive ...	...Tank with outfall to stream.
	Tarn Close...	...Sewage tank with outfall to land.
	Three Bridges	...Sewage tank with outfall to stream.
Pennington ...	...Swarthmoor	...Outfall works of Ulverston Urban District Council.
	Trinkeld ...	...Outfall works of Ulverston Urban District Council.
	Loppergarth	...Sewage tank with outfall to land.
Satterthwaite	...Satterthwaite	...Private sewer to tank with outfall to stream.
Staveley ...	...Staveley ...	...Sewage tank with outfall to stream
Torver...	...Torver...	...Sewage tank with outfall to stream
Urswick ...	...Great Urswick	...Sewage tanks with outfalls to Tarn.
	Little Urswick	...Sewage tanks with outfalls to Tarn.
	Stainton ...	...Sewage tanks with outfalls to land.
	Bardsea ...	...Sewage tanks with outfalls to sea.

PARTICULARS OF AREAS WHERE SEWERAGE HAS NOT BEEN PROVIDED.

TOWNSHIP.	VILLAGE.
Claife... ..	...Wray.
Egton-with-Newland	...Sparkbridge.
Kirkby Ireleth...	...Grizebeck.
Osmotherley ...	...Broughton Beck.
Haverthwaite ...	...Backbarrow (part).
Aldingham ...	...Newbiggin.
Staveley ...	...Ayside.
	Barber Green.
Subberthwaite ...	...Gawthwaite.

PARTICULARS OF AREAS WHERE SEWERAGE IS NOW UNDER CONSIDERATION.

TOWNSHIP.	VILLAGE.
Egton-with-Newland	...Sparkbridge.
Kirkby Ireleth...	...Grizebeck.
Haverthwaite ...	...Backbarrow (part).
Aldingham ...	...Newbiggin.
Staveley ...	...Ayside.

HOUSING.

STATISTICS.

- 1 Number of New Houses erected during the year :—
 - By the local authority : *a* Traditional permanent ... 16
 - b* Permanent prefabricated ... 20
 - By other local authorities... .. —
 - By other bodies or persons 13

Thirteen further family units were provided during the year by means of alterations and conversions of premises not previously used for housing purposes.
- 2a Total number of dwelling-houses which were inspected for housing defects (under Public Health or Housing Acts) 987
- 2b Number of inspections made for the purpose... ..1041
- 3a Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932... .. —
- 4 Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 25
- 5 Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonable fit for human habitation (Rural Housing Survey) 714
- 6 Remedy of defects during the year without service of formal notices. Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers 47
- 7a Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 14
- 7b Number of dwelling-houses in which defects were remedied after service of formal notice by owners 10

The Local Authorities Housing Scheme in progress at the end of 1948 consisted of 34 Airey Rural Type Houses at Coniston.

Contemplated schemes for 1949 were as follows :—Traditional 12 at Coniston, 16 at Hawkshead, 10 at Swarthmoor, 8 at Great Urswick, 6 at Broughton Beck, 4 at Newbiggin, 4 at Broughton-in-Furness, and 4 at Allithwaite. Also two permanent prefabricated houses at Torver.

The shortage of houses continued to be a major problem in the district during the year.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

The following table shows the numbers of cases of the notifiable infectious diseases which occurred in the Rural District during the five years 1943-1947 compared with the numbers in 1948.

Disease	1943	1944	1945	1946	1947	1948		
						No. of Cases	Removed to Hospital	No. of D'ths
Scarlet Fever ...	15	31	13	10	10	37	34	—
Measles	98	102	166	2	84	186	—	—
Whooping Cough	37	17	16	44	18	50	—	—
Pneumonia... ..	15	14	14	16	17	15	7	—
Puerperal Fever and Pyrexia ...	2	5	1	1	—	—	—	—
Cerebro-spinal Fever ...	1	2	—	2	1	1	1	—
Acute Encephalitis Lethargica...	—	—	—	1	—	—	—	—
Erysipelas	2	1	—	1	5	5	—	—
Diphtheria... ..	3	1	1	—	—	—	—	—
Dysentery	—	2	2	—	—	—	—	—
Enteric	—	—	1	—	2	3	3	—
Para-Typhoid Fever	—	—	—	—	—	1	1	—
Malaria	—	—	2	—	—	—	—	—
Poliomyelitis ...	—	—	—	—	8	—	—	—
TOTALS	173	175	216	77	145	298	46	—

SCARLET FEVER.

Thirty-seven cases of Scarlet Fever were notified during 1948. These consisted of three adults and thirty-four children. Fourteen of the cases were males and twenty-three females. Thirty-four cases were removed to hospital. All the cases were of a mild type.

In order to determine whether these cases might be related to one another, at the end of July, the Laboratory was asked to type the Haemolytic Streptococci isolated from the throats in the cases of patients who were admitted to hospital from the Ulverston Combined Sanitary District. The laboratory typed the organisms throughout August, and all the types isolated proved to be different. In view of the large amount of work involved typing was not continued. No evidence was found by this or other means that any carrier was responsible for cases in the district. Coincident with the increase in the number of cases of Scarlet Fever notified in 1948 in the Rural District, rises in the in-

cidence of the disease also occurred in the Urban Districts of Dalton and Ulverston.

A carrier discovered in a nearby County came to live in the Rural District in November.

There was no evidence in any case that the disease was conveyed by milk.

TYPHOID FEVER.

A woman from Spark Bridge, along with her two grandchildren, were admitted to hospital on the 17th, 23rd and 27th December, 1948, suffering from Typhoid Fever. The typhoid organism was found to be Type E.1. Three years previously, a woman living in the next house was known to have suffered from Typhoid Fever, also due to organisms of the Type E.1. The presumptive evidence was that the person who first suffered from Typhoid Fever was a carrier.

The cottages consisted of a row of four houses with earth closets, sharing a common ashpit, and the infection may have been spread through the earth closets.

At the end of the year tests were being carried out to ascertain whether the original case of Typhoid Fever was still a carrier.

MEASLES.

There was also a huge incidence of measles compared with the two previous years thus following the cyclic incidence of the disease.

IMMUNISATION.

Under Part 3 of the National Health Services Act, 1946, it became obligatory for local health authorities to provide arrangements for immunisation against diphtheria. As from 5th July, 1948, the duty to provide for immunisation passed from the Ulverston Rural District Council to the Lancashire County Council.

Between the 1st January and the 4th July, 1948, a total of 114 children completed the full course of immunisation, namely, 78 under five years of age, and 36 between the ages of five and fifteen.

TUBERCULOSIS.

The tuberculosis service in the Ulverston Combined Sanitary District was administered by the Lancashire County Council until 5th July, 1948, when the responsibility for treatment passed to the Regional Hospital Board. The County Council and Sanitary Authority retained responsibility for matters relating to prevention and to care and after-care. A tuberculosis health visitor continued to be provided by the Lancashire County Council. The Dispensary at Ulverston is attended by the Consultant Tuberculosis Officer for the district, and the Tuberculosis Health Visitor. Extensive facilities for the investigation and treatment of tuberculosis are available at High Carley Sanatorium, near Ulverston.

The following table shows the number of new cases of tuberculosis notified and deaths from tuberculosis in the Rural District in 1948 :—

AGE PERIODS		NEW CASES				DEATHS			
Years		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
0—		—	—	—	—	—	—	—	—
1—		1	—	1	—	—	—	—	—
5—		—	2	4	2	—	—	—	—
10—		—	1	—	—	—	—	—	—
15—		—	1	—	1	—	—	—	—
20—		1	1	—	—	—	—	—	—
25—		3	2	—	—	1	—	—	—
35—		2	1	—	—	—	—	—	—
45—		1	—	—	—	—	—	—	1
55—		—	2	—	—	—	—	—	—
65 and upwards		1	—	—	—	—	—	—	1
TOTALS ...		9	10	5	3	1	0	0	2
		19		8		1		2	

The table below shows the number of new cases and deaths from tuberculosis in Rural District Residents during the past twelve years :—

Year	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
1937	8	8	4	3	3	3	—	—
1938	8	6	3	6	2	—	—	—
1939	6	6	3	8	4	3	—	1
1940	12	3	5	2	3	3	2	—
1941	11	11	3	4	2	5	—	—
1942	14	4	2	—	2	—	—	1
1943	11	14	3	5	3	3	1	—
1944	12	13	5	4	4	6	1	—
1945	5	5	5	7	1	3	—	—
1946	9	3	2	2	2	1	1	1
1947	6	8	6	7	1	2	—	—
1948	9	10	5	3	1	—	—	2

It will be noted that the rise in the number of new pulmonary cases notified in 1947 was continued in 1948.

In conclusion, I thank the members of the Health Committee and the Officers of the Ulverston Rural District Council and, in particular, the Sanitary Inspectors, for courtesy and help.

The report of the Sanitary Inspectors is appended.

I have the honour to be,

Your obedient servant,

A. DODD,

MEDICAL OFFICER OF HEALTH.

RURAL DISTRICT COUNCIL OF ULVERSTON.

ANNUAL REPORT OF THE SANITARY INSPECTORS FOR THE YEAR 1948.

We have pleasure in submitting the Annual Report of the work carried out within the district during the year ended 31st December, 1948.

HOUSING.

The position with regard to housing repairs showed some improvement when compared with the previous year, mainly due to some easing in the supply of materials, but very little work seemed to be carried out voluntarily by the property owners. It can be readily understood, however, that the provisions of the Rent Restriction Act, whereby most rentals are controlled at 1939 levels, act harshly against property owners, bearing in mind that the cost of repairs and improvements has risen in most cases 300 per cent. over 1939 costs. When action to improve existing properties is being considered, we have endeavoured to restrict our requests where the rental is uneconomic. Rentals of less than 5s. per week are by no means uncommon in many parts of the district.

With the advent of the extension of the Council's new housing projects, we consider that the time will soon be opportune to allocate a proportion of new houses to replace existing houses, many of which have been found to be totally unfit for habitation.

Whilst on the subject of housing, we would like to make some observations on the method of allocating tenancies of new Council Houses. We have found, that generally speaking, the most necessitous cases do not result in the most desirable tenants. It would be very easy to fill the houses with the most "respectable" tenants, but the glaring cases of overcrowding and insanitary conditions would then have to remain. We consider that the Council must accept their responsibility in this matter and trust that the undesirable tenant turns over a new leaf.

MILK PRODUCTION.

The improvement of the standard of buildings used for milk production on farms continues to be maintained, and, during the year, probably more of this work than ever before was carried out, much of it voluntarily. The excellent financial incentive undoubtedly accounted for this, and in this connection, it should be noted that by December 31st, there were 33 farms producing Tuberculin Tested Milk, a big increase over the previous year. There are signs that this figure will probably be doubled before the end of 1949, but this will be the last occasion for a report on this section of the work as in October next, the administration of this branch of the Local Authority's duties will pass to the Ministry of Agriculture. In many ways, this change will be beneficial, as with the multitude of duties falling to the Sanitary Inspector, it has never been possible to devote sufficient time to the work in a district such as this. Furthermore, it is intended to standardise the conditions for milk production throughout the country, whereas hitherto each County has had its own standard.

During the year, the systematic sampling of milk consumed by the public was regularly carried out both for bacteriological analysis and the presence of B. Tuberculosis. In the former case, the producers who fell short of the required standard were notified and subsequently further samples were taken following advice on clean methods of production. In all cases where B. Tuberculosis was found the County Medical Officer of Health was notified and the diseased animal was traced and slaughtered. The percentage of cows producing Tuberculous milk (1.5 per cent.) compared very favourably with other milk producing districts where a figure of up to 5 per cent. is fairly common. It is unfortunate that there is a time lag of about five weeks between the taking of a sample for B. Tuberculosis examination, and the receipt of the certificate from the Pathologist, as it can be readily understood that where a positive result is received infected milk has probably been consumed during the whole of the period. At the present time, however, there is no method of ascertaining the presence of B. Tuberculosis other than by inoculation of live guinea pigs, and this, as already pointed out, takes several weeks.

REFUSE COLLECTION.

During the year, the refuse collection service was extended still further, and, approximately, 3,400 bins are now being emptied fortnightly. Cleansing of earth closets at three monthly intervals has been maintained. The acquisition of a new 10cu.yds. vehicle has greatly assisted the service, as a mechanical breakdown of one of the vehicles does not now disorganise regular collection.

Whilst on the subject of refuse collection, we would like to take this opportunity of suggesting that the Council should consider acquiring its own accommodation for garaging the vehicles in Ulverston,

as the present arrangement of renting accommodation which is inadequate, would seem to be uneconomic. Provision could be made for the Council's own petrol pump and store, and the vehicles under the jurisdiction of the Surveyor could, no doubt, be housed in the same building.

WATER SUPPLY AND SEWAGE DISPOSAL.

The various schemes to provide Council's water which are now in hand, will greatly improve the position with regard to the elimination of many earth closets throughout the district. The term "earth closet" is something of a misnomer, of course, and the words "privy midden" can be more correctly applied. These contraptions are almost invariably insanitary, and it is to be hoped that before many years elapse, they will become a rarity in the Council's area. The provision of sewerage in those villages where water supply is laid on, would result in the conversion of many more privies to water closets, particularly in the villages of Backbarrow, Haverthwaite (Low Wood), Sparkbridge and Ayside.

VERMINOUS PREMISES.

As in the previous year, the instances of verminous premises brought to our notice were infinitesimal in number and, unlike many urban districts and boroughs, the problem presents little or no difficulty in this area. Rodent control, under the auspices of the Ministry of Food, has continued during the year, and the rat population is on the decline. There can be no doubt that the methods advocated by the Ministry are extremely effective, although they necessitate the employment of a full-time operator owing to the daily visits required for baiting and poisoning. Provided that the Ministry of Agriculture do their part in respect of farm buildings, there should be no reason why rats should not become more or less extinct in the next few years. The statistics under the heading of Rodent Control, may require some explanation, particularly in respect of the "estimated kill." This is based on the amount of poison consumed, as the dead animals recovered are comparatively few, especially in sewer systems. This method of calculating estimated kill is one devised by the Ministry of Food, and it is not for us to question the accuracy of the formula, although in many cases the figures may give rise to some speculation. The poisons used during 1948 were arsenic and zinc phosphide.

INSPECTION STATISTICS, 1948.

SANITARY INSPECTIONS, INCLUDING HOUSING.

Number of Premises, etc., visited...	...	...	1,522
Number of nuisances discovered ...	...	...	162
Number of nuisances abated...	...	...	150

RURAL HOUSING SURVEY.

Total number of houses surveyed at 31st December, 1948	3,704
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DAIRIES AND COWSHEDS.

Number of inspections of Farms	1,322
New Cowsheds provided	10
Cowsheds re-conditioned	...	...	8
Dairies provided	...	...	5
Sterilising rooms provided	...	...	4
Water supplies provided...	...	...	7
Drainage provided or improved	...	...	3
Number of milk samples taken for bacterio- logical examination ...	...	...	237
Number found satisfactory	...	...	218
Number found unsatisfactory	...	...	39
Number of milk samples taken for B. Tuber- culosis examination ...	...	...	322
Number found positive	...	...	5

INFECTIOUS DISEASES.

Inquiries into cases of infectious disease	...	52
Visits <i>re</i> disinfection	...	46
Miscellaneous infectious disease visits...	...	16

VERMINOUS PREMISES.

Number of houses inspected ...	...	1
Number of houses treated for vermin	...	1
Number of visits made	...	3

FACTORIES ACT, 1937.

Number of inspections made...	...	49
Inspection of bakehouse...	...	24

SHELLFISH REGULATIONS, 1934.

Visits to cockle layings	...	4
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H. C. CLAYDON.

H. E. BINSHAM.



